PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

First Semester  DUE February 1 to County Superintendent DATES: February 15 to State Superintendent February 15 to State Superintendent  COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:  This claim is for the period beginning											
This claim is for the period beginning	_	February 1 to County Superintendent							-	o County Superi	ntendent
month     day     month     day       CERTIFICATION:       The information on this form is complete and accurate to the best of my knowledge.       Date     Signature, Chair, Board of Trustees       County:     District:     District Level:       23 Judith Basin     0464 Stanford K-12 Schools     High School	COMPLI	ETE TH	IS CLAIM FO	R STATE	E REIMB	URSEMEN	T FOR S	CHOOL	L BUS TRA	NSPORTATION	:
month     day     month     day       CERTIFICATION:       The information on this form is complete and accurate to the best of my knowledge.       Date     Signature, Chair, Board of Trustees       County:     District:     District Level:       23 Judith Basin     0464 Stanford K-12 Schools     High School	This clain	ı is for the	neriod beginning	1			20 an	d ending			. 20
The information on this form is complete and accurate to the best of my knowledge.  Date Signature, Chair, Board of Trustees  County: District: District Level:  23 Judith Basin 0464 Stanford K-12 Schools High School	11110 011111	. 10 101 1110	person segunnag					-u- vug _	n		·
The information on this form is complete and accurate to the best of my knowledge.  Date Signature, Chair, Board of Trustees  County: District: District Level:  23 Judith Basin 0464 Stanford K-12 Schools High School	CERTIFI	CATIO	N:								
County: District: District Level:  23 Judith Basin 0464 Stanford K-12 Schools High School				lete and acc	curate to the	best of my kno	owledge.				
23 Judith Basin 0464 Stanford K-12 Schools High School	Date			Signature, Chair, Board of Trustees							
	County:			District:						District L	evel:
District Route Miles Rate Days Bus Driver's	23 Juditl	h Basin	1	0464 St	tanford	K-12 Scho	ools			High S	School
Percentage # # Per Day Per Mile Capacity Inspection Operated Social Security #	Percentage	District #	Route #	1	Miles Per Day	Rate Per Mile	Capacit	ty l	Inspection	Days Operated	Bus Driver's Social Security #
100 12 1 84 0.95 42 12/29/04	100	12	1		84	0.95	42		12/29/04		
100   12   2   98   0.95   47   12/29/04	100	12	2		98	0.95	47		12/29/04		
100   12   3   96   0.95   41   12/29/04	100	12	3		96	0.95	41		12/29/04		
100 12 4 108 0.95 47 12/29/04	100	12	4		108	0.95	47		12/29/04		

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Linda McCulloch, Superintendent Office of Public Instruction

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0.95

0.95

State	
District	
County	

Ü		POI	Box 20	Public Instr 02501 T 59620-25			State Reimb	rict Claim for ursement for ransportation	State District County
DUE DATES:	3	February 1 February 1	to Cou				•	Second Semester County Superint State Superinten	tendent
COMPL	ETE TH	IS CLAIM FO	OR STA	ATE REIMI	BURSEMEN	T FOR SC	HOOL BUS TRAN	NSPORTATION:	
This clain	m is for the	period beginning		month	, day	20 and 6	endingm	onth da	20 y
CERTIF	ICATIO	N:							
The info	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District Lev	vel:
23 Judit	h Basir	1	0469	Hobson	K-12 Scho	ols		High So	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	25	2		140	0.95	48	01/04/05		
100	25	3		110	0.95	48	01/04/05		
100	25	3A		138	0.95	48	01/04/05		

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01/05/05 01/11/05

01/11/05

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

76.4

0.95

School District Claim for State Reimbursement for School Bus Transportation

01/12/05

State	
District	
County	

		Hele	ena, M	Т 59620-25	01		School Bus Transportation				
DUE DATES:		•	to Cou	emester inty Superin ite Superint		•	Second Semest o County Superion o State Superint	ntendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									<b>√:</b>		
This claim	ı is for the	period beginning									
CERTIFI	CERTIFICATION:										
The inform	The information on this form is complete and accurate to the best of my knowledge.										
Date			Signature, Chair, Board of Trustees								
County:			District: District Level:						.evel:		
23 Juditl	h Basir	1	0471	0471 Raynesford Elem Elementary					entary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Canacity	Inspection	Days Operated	Bus Driver's Social Security #		

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena. MT 59620-2501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

			iia, ivi	1 39020-23	01							
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	URSEMEN	T FOR	SCHOO	DL BUS TRA	NSPORT	ATION:		
This clain	n is for the	period beginning			<b>,</b>	20 a	and ending, 20			20		
				month	day			n	onth	da	y	
CERTIF	<b>ICATIO</b>	N:										
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.						
Date			Signatu	re, Chair, Board	l of Trustees							
County:			District:				District Level:					
23 Judit	h Basin	1	0472 Geyser Elem				Elementary					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capac	ity	Inspection		rated	Bus Driver's Social Security #	
50	58	1 (Thompso	on)	98	0.95	36		01/03/05				
50	58	2 (CRIPPS	S)	75	0.95	42		12/27/04				
50	58	3-RAYNESFORD		100	0.95	48		01/03/05				
50	58	4-(B.RILEY)		139	0.95	48		12/27/04				
50	58	4-a(B.RILE	(Y)	141.5	0.95	48		12/27/04				

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

		- 11616	iia, ivi	1 33020-23	U I					
DUE DATES:		February 1 February 15	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIMI	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION:		
This clair	n is for the	period beginning			,	20 and e	ending		20	
			month day				n	month day		
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	are, Chair, Board	d of Trustees					
County: District:							District Lev	vel:		
23 Judith Basin 0473 Geyser H S					I S		High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	58	1 (Thompso	1 (Thompson)		0.95	36	01/03/05			
50	58	2 (CRIPPS)		75	0.95	42	12/27/04			
50	58	3-RAYNESFORD		100	0.95	48	01/03/05			
50	58	4-(B.RILEY)		139	0.95	48	12/27/04			
		4-a(B.RILEY)				1	1			

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